

February 28, 2003

# Montana Medicaid Notice

## Durable Medical Equipment Providers

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### New Modifier - BO

A new HCPCS modifier has been adopted by Montana Medicaid for special orally administered formulas under the Early Periodic Screening Diagnosis and Treatment Program (EPSDT). The EPSDT program is available to individuals under the age of 21 who have had an EPSDT screening which has identified specific nutrition problems that require special treatment. Regular baby formula, which is sold in grocery or drug stores, is not covered.

#### **BO – Orally administered nutrition, not by feeding tube.**

This modifier is to be used in conjunction with enteral formulae, category I, II and III codes that match the make-up of the product being administered. This modifier is effective for dates of service on or after January 1, 2003.

Under the standard grace period, local Medicaid codes will continue to be accepted on claims with dates of service through March 31, 2003.

### Contact Information

If you have questions related to this bulletin, please call the DME program officer at (406) 444-4068. If you have questions regarding claims, please contact Provider Relations 8:00 a.m. - 5:00 p.m. Monday - Friday (Mountain time):

(800) 624-3958 In state  
(406) 442-1837 Out of state